

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014106

STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HANNIBAL 0644 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ELIZABETH		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2115 PATCHEN
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ARCH ALLISON			4. DATE OF DEATH Month Day Year APRIL 17 1959		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 11, 1900		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Days Hours Min. 58 10 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ROLLS COUNTY MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GEORGE ALLISON		13b. MOTHER'S MAIDEN NAME ELIZA SUTTON		14. NAME OF HUSBAND OR WIFE DAISY ALLISON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-07-4609		17. INFORMANT Address DAISY ALLISON 2115 PATCHEN	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma			INTERVAL BETWEEN ONSET AND DEATH 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of sigmoid colon		
	DUE TO (c) Abdominal wound abscess		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1533			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hannibal Marion Mo.		20f. CITY, TOWN, OR LOCATION— COUNTY STATE Hannibal Marion Mo.	
21. I attended the deceased from Death occurred at 2:00 P.M.		to 4/17/59		and last saw her/him alive on 4/17/59	
22a. SIGNATURE <i>Heathschief M. D.</i>		22b. ADDRESS 508 Broadway, Hannibal, Mo		22c. DATE SIGNED 4/20/59	

23a. BURIAL, CREMATION, or other (Specify) BURIAL		23b. DATE APR. 20, 1958		23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY NEW London MO.		23d. LOCATION (City, town, or county) (State) MO.	
24. FUNERAL DIRECTOR Geo. E. Roberts		ADDRESS Mo		25. DATE RECD. BY LOCAL REG. 4-21-1959		26. REGISTRAR'S SIGNATURE <i>W. E. M. ...</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Geo E Roberts*

Licensed Embalmer No. *2113*
P. O. Address *Hannibal*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.